

QUARTERLY STATEMENT

OF THE

DELTA DENTAL PLAN

OF

ARKANSAS, INC.

of SHERWOOD

in the state of ARKANSAS

TO THE

Insurance Department

OF THE

STATE OF

STATE OF ARKANSAS

FOR THE QUARTER ENDED

June 30, 2014

HEALTH

2014



47155201420100102

QUARTERLY STATEMENT

AS OF JUNE 30, 2014
OF THE CONDITION AND AFFAIRS OF THE

Delta Dental Plan of Arkansas, Inc.

NAIC Group Code	0000	0000	NAIC Company Code	47155	Employer's ID Number	71-0561140	
	(Current Period)	(Prior Period)					
Organized under the Laws of	Arkansas			State of Domicile or Port of Entry			Arkansas
Country of Domicile	United States						
Licensed as business type	Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity [X] Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [] Other [] Is HMO Federally Qualified? Yes [] No []						
Incorporated/Organized	March 15, 1982			Commenced Business			August 1, 1982
Statutory Home Office	1513 Country Club Road			Sherwood, AR US 72120			
	(Street and Number)			(City or Town, State, Country and Zip Code)			
Main Administrative Office	1513 Country Club Road						
	(Street and Number)						
	Sherwood, AR US 72120			501-835-3400			
	(City or Town, State, Country and Zip Code)			(Area Code) (Telephone Number)			
Mail Address	1513 Country Club Road			Sherwood, AR US 72120			
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	1513 Country Club Road			Sherwood, AR US 72120		501-835-3400	
	(Street and Number)			(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Internet Website Address	www.deltadentalar.com						
Statutory Statement Contact	Phyllis L Rogers			501-992-1616			
	(Name)			(Area Code)		(Telephone Number) (Extension)	
	progers@deltadentalar.com			501-992-1617			
	(E-Mail Address)			(Fax Number)			

OFFICERS

	Name	Title
1.	Eddie Allen Choate	President and CEO
2.	Mel Taylor Collazo	Vice Chair and Secretary
3.	Ebb Weldon Johnson	Treasurer

VICE-PRESIDENTS

Name	Title	Name	Title
Ina Lynn Harbert	Senior Vice President and COO	Phyllis Lynn Rogers	Senior Vice President and CFO
Herman Eldon Hurd	Vice President of Provider Relations	Allen Dale Moore	Vice President of Information Technology
Melissa C Masingill	Vice President of Public Affairs	James W Couch	Vice President and General Counsel
Jay Reavis	Vice President of Sales & Marketing		

DIRECTORS OR TRUSTEES

Harold Wayne Perrin	Robert Howard Gladden	Ebb Weldon Johnson	James Talbert Johnston
Susan Jane Fletcher Smith	Mel Taylor Collazo	Ronald Paul Ownbey	Terri Anderson Miller
Troy John Dryden Bartels	Sarah Clark	Granville Wayne Callahan, Sr.	Mark Bailey
Robert Mason			

State of Arkansas

County of Pulaski ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Eddie Allen Choate	Mel Taylor Collazo	Not Required
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President and CEO	Vice Chair and Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	[X] Yes [] No
day of , 2014	b. If no:	1. State the amendment number
		2. Date filed
		3. Number of pages attached

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	22,153,475		22,153,475	21,993,130
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	35,251,124	16,924,995	18,326,129	15,967,803
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ 0 encumbrances)	8,788,229		8,788,229	8,892,409
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)	36,807		36,807	36,807
5. Cash (\$ 12,560,572), cash equivalents (\$ 0), and short-term investments (\$ 230,649)	12,791,221		12,791,221	13,144,678
6. Contract loans (including \$ 0 premium notes)				
7. Derivatives				
8. Other invested assets	4,719,659		4,719,659	4,772,014
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets	1,300,628		1,300,628	
12. Subtotals, cash and invested assets (Lines 1 to 11)	85,041,143	16,924,995	68,116,148	64,806,841
13. Title plants less \$ 0 charged off (for Title insurers only)				
14. Investment income due and accrued	67,312		67,312	83,741
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	766,003		766,003	718,630
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts	12,611,173		12,611,173	5,639,301
17. Amounts receivable relating to uninsured plans	9,723,463		9,723,463	8,135,748
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	659,755	541,021	118,734	164,188
21. Furniture and equipment, including health care delivery assets (\$ 0)	70,702	70,702		
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	94,143		94,143	103,304
24. Health care (\$ 0) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	922,774	789,106	133,668	187,261
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	109,956,468	18,325,824	91,630,644	79,839,014
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	109,956,468	18,325,824	91,630,644	79,839,014

DETAILS OF WRITE-IN LINES				
1101. Deferred Compensation - 457	1,300,628		1,300,628	
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	1,300,628		1,300,628	
2501. Prepaid Expenses & Deposits	789,106	789,106		
2502. Miscellaneous Receivable	133,668		133,668	187,261
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	922,774	789,106	133,668	187,261

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 112,986 reinsurance ceded)	5,329,410		5,329,410	5,199,252
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	147,931		147,931	167,195
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	2,499,425		2,499,425	2,064,146
9. General expenses due or accrued	15,551,933		15,551,933	7,658,719
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable	900,449		900,449	836,184
12. Amounts withheld or retained for the account of others	2,168,326		2,168,326	2,334,892
13. Remittances and items not allocated				
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)				
15. Amounts due to parent, subsidiaries and affiliates	73,332		73,332	594,044
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers, and \$ 0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$ 0) companies	112,986		112,986	93,419
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans	1,866,013		1,866,013	1,877,513
23. Aggregate write-ins for other liabilities (including \$ 0 current)				
24. Total liabilities (Lines 1 to 23)	28,649,805		28,649,805	20,825,364
25. Aggregate write-ins for special surplus funds	X X X	X X X	324,493	50,000
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X		
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other than special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	62,656,346	58,963,650
32. Less treasury stock, at cost:				
32.1 0 shares common (value included in Line 26 \$ 0)	X X X	X X X		
32.2 0 shares preferred (value included in Line 27 \$ 0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	62,980,839	59,013,650
34. Total liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	91,630,644	79,839,014

DETAILS OF WRITE-IN LINES				
2301.	NONE			
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501. Affordable Care Act Section 9010 Fee Assessment - 2015	X X X	X X X	274,493	
2502. Surplus required by the Arkansas Insurance Department	X X X	X X X	50,000	50,000
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X	324,493	50,000
3001. Surplus required by the Arkansas Insurance Department	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	X X X	1,419,448	1,399,418	2,797,962
2. Net premium income (including \$ 0 non-health premium income)	X X X	69,167,546	62,141,767	121,326,081
3. Change in unearned premium reserves and reserve for rate credits	X X X	(5,448)	(2,394)	(2,398)
4. Fee-for-service (net of \$ 0 medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X			
7. Aggregate write-ins for other non-health revenues	X X X	5,650	2,737	6,469
8. Total revenues (Lines 2 to 7)	X X X	69,167,748	62,142,110	121,330,152
Hospital and Medical:				
9. Hospital/medical benefits		42,087,071	43,901,980	85,236,831
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs				
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		42,087,071	43,901,980	85,236,831
Less:				
17. Net reinsurance recoveries		(12,926,535)	(6,737,112)	(10,400,022)
18. Total hospital and medical (Lines 16 minus 17)		55,013,606	50,639,092	95,636,853
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 0 cost containment expenses		3,383,368	3,310,490	6,800,105
21. General administrative expenses		10,048,117	9,062,887	15,538,728
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		68,445,091	63,012,469	117,975,686
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	722,657	(870,359)	3,354,466
25. Net investment income earned		190,979	275,289	514,036
26. Net realized capital gains (losses) less capital gains tax of \$ 0		4,997	85,919	2,537,989
27. Net investment gains (losses) (Lines 25 plus 26)		195,976	361,208	3,052,025
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)]				
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	918,633	(509,151)	6,406,491
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Lines 30 minus 31)	X X X	918,633	(509,151)	6,406,491

DETAILS OF WRITE-IN LINES				
0601.	X X X			
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 06 from overflow page	X X X			
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	X X X			
0701. Miscellaneous Income	X X X	5,650	2,737	6,469
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 07 from overflow page	X X X			
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 07 above)	X X X	5,650	2,737	6,469
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	59,013,650		62,695,498
34. Net income or (loss) from Line 32	918,633	(509,151)	6,406,491
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	1,322,308	1,582,039	1,673,561
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	1,745,815	(10,133,060)	(11,775,246)
40. Change in unauthorized and certified reinsurance	(19,567)	(2,056)	13,346
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	3,967,189	(9,062,228)	(3,681,848)
49. Capital and surplus end of reporting period (Line 33 plus 48)	62,980,839	(9,062,228)	59,013,650

DETAILS OF WRITE-IN LINES			
4701.	NONE		
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

	1	2	3
Cash from Operations	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
1. Premiums collected net of reinsurance	62,695,215	60,453,523	120,926,916
2. Net investment income	309,145	370,619	759,207
3. Miscellaneous income	2,516	2,980	2,465
4. Total (Lines 1 to 3)	63,006,876	60,827,122	121,688,588
5. Benefit and loss related payments	54,883,448	50,681,527	95,166,989
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	8,190,272	7,027,079	16,337,155
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)			
10. Total (Lines 5 through 9)	63,073,720	57,708,606	111,504,144
11. Net cash from operations (Line 4 minus Line 10)	(66,844)	3,118,516	10,184,444
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	2,114,154	2,761,064	5,435,954
12.2 Stocks	843	1,399,217	11,561,668
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets	52,355		227,986
12.6 Net gains (or losses) on cash, cash equivalents and short-term investments		(1)	
12.7 Miscellaneous proceeds		5	
12.8 Total investment proceeds (Lines 12.1 to 12.7)	2,167,352	4,160,285	17,225,608
13. Cost of investments acquired (long-term only):			
13.1 Bonds	2,267,125	2,967,549	5,826,676
13.2 Stocks	843	8,834,976	19,195,905
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	2,267,968	11,802,525	25,022,581
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(100,616)	(7,642,240)	(7,796,973)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	(185,997)	(1,412,571)	(1,283,583)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(185,997)	(1,412,571)	(1,283,583)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(353,457)	(5,936,295)	1,103,888
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	13,144,678	12,040,790	12,040,790
19.2 End of period (Line 18 plus Line 19.1)	12,791,221	6,104,495	13,144,678

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001			
20.0002			
20.0003			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	232,447				44,009	188,438				
2. First Quarter	237,083				45,123	191,960				
3. Second Quarter	236,615				45,957	190,658				
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	1,419,448				271,863	1,147,585				
Total Member Ambulatory Encounters for Period:										
7. Physician										
8. Non-Physician										
9. Totals										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (a)	55,596,209				3,161,082	52,435,127				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	55,596,209				3,161,082	52,435,127				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	42,631,636				1,628,945	41,002,691				
18. Amount Incurred for Provision of Health Care Services	42,087,071				1,668,080	40,418,991				

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental only	4,057,322	50,011,654	86,101	5,130,323	4,143,423	5,105,833
4. Vision only	97,591	716,881		112,986	97,591	93,419
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	4,154,913	50,728,535	86,101	5,243,309	4,241,014	5,199,252
10. Health care receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)	4,154,913	50,728,535	86,101	5,243,309	4,241,014	5,199,252

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

Note 1: Summary of Significant Accounting Policies

A. Accounting Practices

No Change.

B. Use of Estimates in the Preparation of the Financial Statements

No Change.

C. Accounting Policy

- (1) No Change
- (2) No Change
- (3) No Change
- (4) No Change
- (5) No Change
- (6) No Change
- (7) No Change
- (8) No Change
- (9) No Change
- (10) No Change
- (11) No Change
- (12) No Change
- (13) No Change

Note 2: Accounting Changes and Corrections of Errors

A. No Change

Note 3: Business Combinations and Goodwill

- A. No Change
- B. No Change
- C. No Change
- D. No Change

NOTES TO FINANCIAL STATEMENTS

Note 4: Discontinued Operations

No Change

Note 5: Investments

- A. No Change
- B. No Change
- C. No Change
- D. No Change
- E. No Change
- F. No Change
- G. No Change
- H. No Change
- I. Working Capital Finance Investments – N/A

Note 6: Joint Ventures, Partnerships and Limited Liability Companies

No Change

Note 7: Investment Income

- A. No Change
- B. No Change

Note 8: Derivative Instruments

No Change

Note 9: Income Taxes

- A. No Change
- B. No Change

NOTES TO FINANCIAL STATEMENTS

- C. No Change
- D. No Change
- E. No Change
- F. No Change

Note 10: Information Concerning Parent, Subsidiaries and Affiliates

- A. No Change
- B. No Change
- C. No Change
- D. At June 30, 2014, the Company reported \$94,054 due from the subsidiary, Omega Administrators, Inc. (OAI) and \$89 due from the affiliate, Delta Dental of Arkansas Foundation, Inc. and \$72,839 due to the affiliate, Delta Dental of Michigan (DDMI) and \$493 due to the affiliate, Renaissance Life and Health Insurance Company (RLHIA), respectively. These amounts will be settled within thirty days of the report date.
- E. No Change
- F. No Change
- G. No Change
- H. No Change
- I. No Change
- J. No Change
- K. No Change
- L. No Change

Note 11: Debt

No Change

Note 12: Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

NOTES TO FINANCIAL STATEMENTS

A Nonqualified 457(b) Retirement Plan was established by the Company on April 1, 2003, "as an inducement and motivation to its key managerial and highly compensated employees and its Board of Directors." Participation in the plan is determined at the sole discretion of the Company's Board of Directors. At June 30, 2014, plan assets totaled \$1,300,628 and plan liabilities totaled \$1,300,628 resulting in gains (losses) reported in the statutory statements of activities of \$0. The plan assets and liabilities and related gains (losses) on plan assets were previously omitted from statutory reporting.

A. No Change

B. No Change

C. No Change

D. No Change

E. No Change

F. No Change

Note 13: Capital and Surplus, Shareholders' Dividend Restrictions and Quasi- Reorganizations

(1) No Change

(2) No Change

(3) No Change

(4) No Change

(5) No Change

(6) No Change

(7) No Change

(8) No Change

(9) No Change

(10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$2,846,463 for 2014.

(11) No Change

(12) No Change

(13) No Change

Note 14: Contingencies

NOTES TO FINANCIAL STATEMENTS

- A. No Change
- B. No Change
- C. No Change
- D. No Change
- E. No Change

Note 15: Leases

No Change

Note 16: Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No Change

Note 17: Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities

No Change

Note 18: Gain or Loss to the Reporting Entity From Uninsured Plans and From the Uninsured Portion of Partially Insured Plans

- A. No Change
- B. The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans were as follows for the years ended June 30, 2014 and 2013:

	2014	2013
Gross reimbursement for medical costs incurred	\$ 138,675,387	\$ 140,345,174
Gross administrative fees accrued	6,365,194	6,282,301
Gross expenses incurred (claims and administrative)	(145,040,581)	(146,627,475)
Total net gain or loss from operations	\$ 0	\$ 0

- C. No Change

NOTES TO FINANCIAL STATEMENTS

Note 19: Direct Premiums Written/Produced by Managing General Agents/Third Party Administrators

No Change

Note 20: Fair Value Measurements

A. Fair Value Measurements at Reporting Date

(1) Description	(2) Level 1	(3) Level 2	(4) Level 3	(5) Total
Assets at Fair Value				
Cash and ST Investments				
Cash	12,315,572			12,315,572
Money Markets	230,649			230,649
Certificates of deposit		245,000		245,000
Bonds				
US Treasury		10,628,912		10,628,912
US Gov’t Agencies		2,945,535		2,945,535
Industrial and Misc	8,672,891			8,672,891
Mutual Funds				
Industrial and Misc	<u>\$19,692,105</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$19,692,105</u>
Total Assets at Fair Value	<u>\$40,911,217</u>	<u>\$13,819,447</u>	<u>\$ 0</u>	<u>\$54,730,664</u>

B. Other Fair Value Measurements

C. Fair Value Measurements Aggregate

(1) Type of Financial Instrument	(2) Aggregate Fair Value	(3) Admitted Assets	(4) Level 1	(4) Level 2	(4) Level 3	(5) Not Practicable
Cash and ST Inv						

NOTES TO FINANCIAL STATEMENTS

	12,791,221	12,791,221	12,546,221	245,000		
Bonds	22,247,338	22,153,475	8,672,891	13,574,447		
Mutual Funds	<u>19,692,105</u>	<u>18,326,129</u>	<u>19,692,105</u>			
Total	<u>\$54,730,664</u>	<u>\$53,270,825</u>	<u>\$40,911,217</u>	<u>\$13,819,447</u>	\$ 0	\$ 0

D. No Change

Note 21: Other Items

- A. No Change
- B. No Change
- C. No Change
- D. No Change
- E. No Change
- F. No Change
- G. No Change
- H. Offsetting and Netting of Assets and Liabilities – N/A
- I. Joint and Several Liabilities – N/A
- J. Risk Sharing Provisions of the Affordable Care Act - None

Note 22: Events Subsequent

On January 1, 2014, the Company is subject to an annual fee under section 9010 of the Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity’s net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity’s portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1, 2014. As of December 31, 2013, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2014, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2014 to be \$549,000. This assessment is expected to impact risk based capital by 1%.

ACA fee assessment payable \$549,000

NOTES TO FINANCIAL STATEMENTS

Assessment expected to impact RBC 1%

Note 23: Reinsurance

- A. No Change
- B. No Change
- C. No Change
- D. No Change

Note 24: Retrospectively Rated Contracts and Contracts Subject to Redetermination

No Change

Note 25: Change in Incurred Claims and Claims Adjustment Expenses

No Change

Note 26: Intercompany Pooling Arrangements

No Change

Note 27: Structured Settlements

No Change

Note 28: Health Care Receivables

No Change

Note 29: Participating Policies

No Change

Note 30: Premium Deficiency Reserves

No Change

NOTES TO FINANCIAL STATEMENTS

Note 31: Anticipated Salvage and Subrogation

No Change

GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state?

Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes [X] No []

If yes, complete Schedule Y, Parts 1, and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes [] No [X] N/A []

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2010

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2010

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/23/2012

6.4 By what department or departments?
Arkansas Insurance Department

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [X] No [] N/A []

6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes [X] No [] N/A []

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]

GENERAL INTERROGATORIES

7.2 If yes, give full information

.....

.....

.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

.....

.....

.....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....
.....

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules, and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

Yes [X] No []

9.11 If the response to 9.1 is No, please explain:

.....

.....

.....

9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

.....

.....

.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

.....

.....

.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ _____

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

GENERAL INTERROGATORIES

11.2 If yes, give full and complete information relating thereto:

.....

.....

.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 4,719,659

13. Amount of real estate and mortgages held in short-term investments: \$

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [X] No []

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$	\$
14.22 Preferred Stock	\$	\$
14.23 Common Stock	\$ 15,125,339	\$ 15,559,014
14.24 Short-Term Investments	\$	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 15,125,339	\$ 15,559,014
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement. Yes [] No []

16. For the reporting entity's security lending program, state the amount of the following as current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$

16.3 Total payable for securities lending reported on the liability page \$

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian Address
Stephens Capital Management	111 Center Street, Little Rock, AR 72201
Intrust Wealth Management	5314 S Yale Avenue, Suite 206, Tulsa, OK 74135

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)
.....
.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

GENERAL INTERROGATORIES

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
N/A	Stephens Capital Management	111 Center Street, Little Rock, AR 72201
N/A	Intrust Wealth Management	5314 S Yale Avenue, Suite 206, Tulsa, OK 74135

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes [X] No []

18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1

A&H loss percent

%

1.2

A&H cost containment percent

%

1.3

A&H expense percent excluding cost containment expenses

%
- 2.1

Do you act as a custodian for health savings accounts?

Yes [☐] No [☒]
- 2.2

If yes, please provide the amount of custodial funds held as of the reporting date.

\$
- 2.3

Do you act as an administrator for health savings accounts?

Yes [☐] No [☒]
- 2.4

If yes, please provide the balance of the funds administered as of the reporting date.

\$

NONE Schedule S

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS
Current Year To Date - Allocated by States and Territories

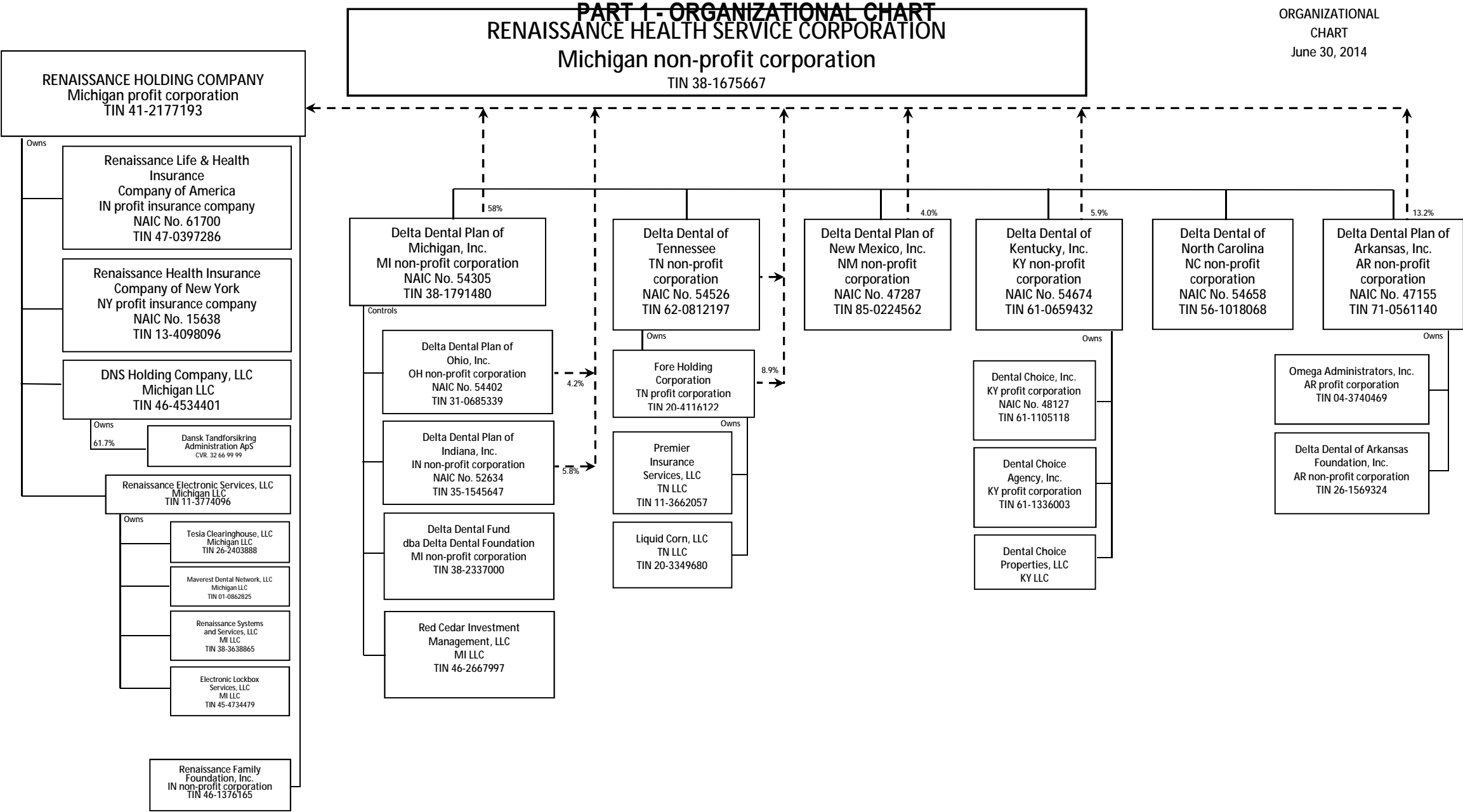
States, Etc.	1	Direct Business Only							
		2	3	4	5	6	7	8	9
	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property / Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama	AL	N							
2. Alaska	AK	N							
3. Arizona	AZ	N							
4. Arkansas	AR	L	55,596,209					55,596,209	
5. California	CA	N							
6. Colorado	CO	N							
7. Connecticut	CT	N							
8. Delaware	DE	N							
9. District of Columbia	DC	N							
10. Florida	FL	N							
11. Georgia	GA	N							
12. Hawaii	HI	N							
13. Idaho	ID	N							
14. Illinois	IL	N							
15. Indiana	IN	N							
16. Iowa	IA	N							
17. Kansas	KS	N							
18. Kentucky	KY	N							
19. Louisiana	LA	N							
20. Maine	ME	N							
21. Maryland	MD	N							
22. Massachusetts	MA	N							
23. Michigan	MI	N							
24. Minnesota	MN	N							
25. Mississippi	MS	N							
26. Missouri	MO	N							
27. Montana	MT	N							
28. Nebraska	NE	N							
29. Nevada	NV	N							
30. New Hampshire	NH	N							
31. New Jersey	NJ	N							
32. New Mexico	NM	N							
33. New York	NY	N							
34. North Carolina	NC	N							
35. North Dakota	ND	N							
36. Ohio	OH	N							
37. Oklahoma	OK	N							
38. Oregon	OR	N							
39. Pennsylvania	PA	N							
40. Rhode Island	RI	N							
41. South Carolina	SC	N							
42. South Dakota	SD	N							
43. Tennessee	TN	N							
44. Texas	TX	N							
45. Utah	UT	N							
46. Vermont	VT	N							
47. Virginia	VA	N							
48. Washington	WA	N							
49. West Virginia	WV	N							
50. Wisconsin	WI	N							
51. Wyoming	WY	N							
52. American Samoa	AS	N							
53. Guam	GU	N							
54. Puerto Rico	PR	N							
55. U.S. Virgin Islands	VI	N							
56. Northern Mariana Islands	MP	N							
57. Canada	CAN	N							
58. Aggregate other alien	OT	X X X							
59. Subtotal		X X X	55,596,209					55,596,209	
60. Reporting entity contributions for Employee Benefit Plans		X X X							
61. Totals (Direct Business)	(a) 1		55,596,209					55,596,209	

DETAILS OF WRITE-INS									
58001.	X X X								
58002.	X X X								
58003.	X X X								
58998. Summary of remaining write-ins for Line 58	X X X								
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG;(R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.
(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

15



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
		0	38-1675667				Renaissance Health Service Corporation	MI	UDP					
		0	46-1376165				Renaissance Family Foundation, Inc.	IN	NIA					
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	58.0	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	4.2	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Indiana, Inc.	Ownership	5.8	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Fore Holding Corporation	Ownership	8.9	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental of Kentucky, Inc.	Ownership	5.9	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	4.0	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Arkansas, Inc.	Ownership	13.2	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	61700	47-0397286				Renaissance Life & Health Insurance Company of America	IN	IA	Renaissance Health Holding Company	Ownership	100.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	15638	13-4098096				Renaissance Health Insurance Company of New York	NY	IA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporati	
		0	46-4534401				DNS Holding Company, LLC	MI	NIA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporati	
		0	32669999				Dansk Tandforsikring Administration ApS	DK	NIA	DNS Holding Company, LLC	Ownership	61.7	Renaissance Health Service Corporati	
		0	26-2403888				Tesia Clearinghouse, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	100.0	Renaissance Health Service Corporati	
		0	11-3774096				Renaissance Electronic Services, LLC	MI	NIA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporati	
		0	01-0862825				Maverest Dental Network, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	100.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	54305	38-1791480				Delta Dental Plan of Michigan, Inc.	MI	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	54402	31-0685339				Delta Dental Plan of Ohio, Inc.	OH	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	52634	35-1545647				Delta Dental Plan of Indiana, Inc.	IN	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporati	
		0	38-2337000				Delta Dental Fund dba Delta Dental Foundation	MI	NIA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporati	
		0	46-2667997				Red Cedar Investment Management, LLC	MI	NIA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporati	
		0	38-3638865				Renaissance Systems and Services, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	100.0	Renaissance Health Service Corporati	
		0	45-4734479				Electronic Lockbox Services, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	100.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	54526	62-0812197				Delta Dental of Tennessee	TN	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
		0	20-4116122				Fore Holding Corporation	TN	NIA	Delta Dental of Tennessee	Ownership	100.0	Renaissance Health Service Corporati	
		0	11-3662057				Premier Insurance Services, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	100.0	Renaissance Health Service Corporati	
		0	20-3349680				Liquid Corn, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	100.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	47287	85-0224562				Delta Dental Plan of New Mexico, Inc.	NM	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	54674	61-0659432				Delta Dental of Kentucky, Inc.	KY	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
		0	61-1336003				Dental Choice Agency, Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.0	Renaissance Health Service Corporati	
		48127	61-1105118				Dental Choice Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.0	Renaissance Health Service Corporati	
		0					Dental Choice Properties, LLC	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	54658	56-1018068				Delta Dental of North Carolina	NC	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	47155	71-0561140				Delta Dental Plan of Arkansas, Inc.	AR		Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
		0	04-3740469				Omega Administrators, Inc.	AR	DS	Delta Dental Plan of Arkansas, Inc.	Ownership	100.0	Renaissance Health Service Corporati	
		0	26-1569324				Delta Dental of Arkansas Foundation, Inc.	AR	DS	Delta Dental Plan of Arkansas, Inc.	Board of Directors		Renaissance Health Service Corporati	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterik	Explanation
	NONE

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

Explanation:

Question 1: Not applicable

Bar Code:



OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION
Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	8,929,216	9,137,978
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation	104,180	208,762
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	8,825,036	8,929,216
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	8,825,036	8,929,216

SCHEDULE B - VERIFICATION
Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

NONE

SCHEDULE BA - VERIFICATION
Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	4,772,014	5,000,000
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals	52,355	227,986
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)	4,719,659	4,772,014
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	4,719,659	4,772,014

SCHEDULE D - VERIFICATION
Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	55,921,095	43,701,063
2. Cost of bonds and stocks acquired	2,267,968	25,022,579
3. Accrual of discount	12,849	20,771
4. Unrealized valuation increase (decrease)	1,322,319	1,673,561
5. Total gain (loss) on disposals	4,997	2,537,987
6. Deduct consideration for bonds and stocks disposed of	2,114,997	16,997,617
7. Deduct amortization of premium	9,629	37,249
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	57,404,602	55,921,095
11. Deduct total nonadmitted amounts	16,924,995	17,960,168
12. Statement value at end of current period (Line 10 minus Line 11)	40,479,607	37,960,927

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

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NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	22,285,242	1,324,894	1,227,764	1,752	22,285,242	22,384,124		22,185,156
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	22,285,242	1,324,894	1,227,764	1,752	22,285,242	22,384,124		22,185,156
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	22,285,242	1,324,894	1,227,764	1,752	22,285,242	22,384,124		22,185,156

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated, short-term and cash-equivalent bonds by NAIC designation:

NAIC 1 \$ 0; NAIC 2 \$ 0; NAIC 3 \$ 0; NAIC 4 \$ 0; NAIC 5 \$ 0; NAIC 6 \$ 0

SCHEDULE DA - PART 1
Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	230,649	X X X	230,649		

SCHEDULE DA - VERIFICATION
Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	192,027	173,081
2. Cost of short-term investments acquired	102,733	852,192
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	64,110	833,246
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	230,650	192,027
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	230,650	192,027

- NONE Schedule DB - Part A and B Verification**
- NONE Schedule DB - Part C - Section 1**
- NONE Schedule DB - Part C - Section 2**
- NONE Schedule DB - Verification**
- NONE Schedule E Verification**
- NONE Schedule A - Part 2 and 3**
- NONE Schedule B - Part 2 and 3**

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

[illegible]

E03

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

1 CUSIP Ident- ification	2 Name or Description	Location		5 Name of Purchaser or Nature of Disposal	6 Date Originally Acquired	7 Disposal Date	8 Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Change in Book/Adjusted Carrying Value						15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Consideration	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income
		3 City	4 State					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Depreciation) or (Amortization)/ Accretion	11 Current Year's Other Than Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Change in B./A.C.V. (9+10-11+12)	14 Total Foreign Exchange Change in B./A.C.V.						
000000-00-0	CapRocq Core Real Estate Fund	Little Rock	AR	Undefined	12/27/2012	06/30/2014	52,355							52,355	52,355				
1599999	Common Stocks - Joint Venture/Partnership Interests - Unaffiliated						52,355							52,355	52,355				
4499999	Total Unaffiliated						52,355							52,355	52,355				
4699999	Totals						52,355							52,355	52,355				

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of
During the Current Quarter

[illegible]

(a) For all common stock bearing the NAIC market indicator 'U' provide: the number of such issues 0.

- NONE Schedule DB - Part A - Section 1**
- NONE Schedule DB - Part B - Section 1**
- NONE Schedule DB - Part D - Section 1**
- NONE Schedule DB - Part D - Section 2**
- NONE Schedule DL - Part 1**
- NONE Schedule DL - Part 2**

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

[illegible]

NONE Schedule E - Part 2